

SPECIAL OFFER
THREE WEEKS ONLY
See Page 22.

The Management of Patients

Success in Practice



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THE
PATH TO SUCCESS
IN MEDICINE

A Course of Suggestions compiled
by a Medical Man of Thirty Years
General Practice, embodying the
accumulated experience of the
most successful practitioners in
Britain and abroad, on Medical Tact
and the Management of Patients.

THE POST-GRADUATE ASSOCIATION
104 HILLS ROAD
CAMBRIDGE

The position may be set forth in the following propositions:—

A. Skill.—This, divorced from the other factors, has little value

B. The other Factors.—These, if combined with a little of A, have considerable value.

The best results come from a combination of A and B.

To use a rough illustration, iron and carbon, separated, have not the fine quality of steel. It is the combination of the two which yields the nobler metal.

If there are three practitioners whose practices are £300, £600, and £900, it is highly improbable that the variation is explained by variation in A.

It is nearly always to be accounted for by variation in B.

When a practitioner does £2,000 a year or more, it is certain that his knowledge of B is fairly complete, and pretty certain that he possesses A to a considerable degree.

Investigations and direct observation on a number of successful practices have shown that success is almost entirely dependent on two things, namely—

1. Correct and tactful handling of patients—not according to the intuition of the moment, but according to definite scientific and psychological rules.

2. Readiness in certain branches of therapeutics ignored in the schools.

A “COURSE” ON MEDICAL TACTICS.

In 1913 the Post Graduate Association was formed to supply a much needed training.

A practitioner of long experience has during many years devoted the spare time of a large general practice to systematic research on this subject, and is prepared to share his conclusions.

This work in the field, supplemented by a staff of practitioners employed by the Association in investigation, has been adopted by the Post-Graduate Association as its “Course” in medical tactics.

The staff and its leader have digested and collated the not inconsiderable *corpus* of the experience and tactical advice of the most successful men in this country and abroad.

Much also has been learnt from patients and nurses.

Originally the instruction was given in type-written lectures, condensed to about 67,000 words. Now it is supplied in book form only.

A large number of medical men in Great Britain and Ireland availed themselves of the teaching. Many wrote acknowledging the great practical value. Some gave more or less definite figures of their increase in practice.

The completeness of the course is shown by the following facts. Many subscribers sent with their applications instances of trouble experienced, asking: “Where did I go wrong? Why did I lose this case?” Every instance was covered by the course.

SYLLABUS.

PART I.

The Art of Practice.

General Considerations.

A principle running through the whole of practice. It keeps the investigation in the right channel.

The instinctive classification by patients of the qualities desired.

The influence of the emotions and æsthetic faculties. How they modify judgments.

Why it is necessary for a practitioner to exercise self inspection.

The different points of view of the unsuccessful, the moderately successful, and the very successful man. The unsuccessful and the very successful easier to convince that there is much to learn.

The different points of view of doctor and patient.

An example of a moderately successful practitioner. Why he succeeded up to a certain limit, and why he failed to go beyond.

Numerous qualities necessary for complete success.

The Patient's Ideal.

The two classifications again. What patients want. A further classification.

The qualities that attract. The qualities that repel.

The psychology of men and women. What they have in common.

How can the ideal be reached? What are the feelings and impressions that should be aroused, and what are the means?

Influencing Patients through the Reason.

Why a full equipment of diagnostic instruments is important. The kinds recommended. Interrogation and physical examination. General remarks.

How confidence can be conveyed. A legitimate way of gaining reputation. A patient's remarks. Direction for interrogation. Questions to be asked in all cases.

A general scheme of inquiry on the alimentary, vascular, respiratory systems, etc.

When the general scheme alone should be used.

A special scheme of interrogation for the various systems. When it should be used.

Interrogation in certain diseases. Interrogation concerning children.

Physical Examination.

Schemes for the various systems, the cranial nerves, the skull, the motor functions, the skin and hair.

Physical examination of children. A scheme. How to use tact with children.

Questions that patients are likely to ask. The necessity for a ready answer. A collection of facts to meet the contingencies. Mnemonics.

Influencing Patients through the Æsthetic Faculties.

The doctor's house. Position. The front of the house. The door. The door-plate. Lamp. The entrance. Routine in a doctor's house. His family. Servants. The waiting room. How it should be furnished. How it should not be furnished.

The consulting room. How it should be furnished. How it should not be furnished. The impressions that should be made. The instruments that should be seen. Those that should not be seen.

The impression, through the æsthetic faculties, with which the patient should leave the house.

Business experience. Why many medical men are unbusiness-like.

Gossip. The impressions through the eyes a strong influence.

The ideal to be conveyed. The **nothing more rule**. A bad advertisement.

The psychology of the **nothing more rule**.

Influencing Patients through the Emotions.

Overlapping of forces. The emotions and intelligence reinforce one another. The importance of arousing every possible favourable impression. The emotions that can be aroused. Manner. The feelings that can be created by manner. Manner to social equals. Manner to working people. Manner to avoid. Manner when the diagnosis is doubtful.

The **nothing more rule**. A patient's remark. Boasting.

The means by which respect is produced. Admiration for professional skill. How created. The importance of doing more than giving satisfaction. The importance of treatment other than drugs.

How an impression can be magnified. Legitimately gaining reputation. A caution.

Gratitude, how aroused. A golden rule.

The Interview.

The sixteen impressions to be made in ordinary cases.

How to make them. The keystone of the arch.

Illustrative case. Garrulous patients. When non-professional matters may be talked of. What may be said. What may not be said.

Mistakes to avoid. Tact in getting rid of a talkative patient.

When patients should be shown a book. Why this is usually inadvisable.

A caution. Absurd statements by patients. Folly of deceiving a patient. Tact with a patient who dilates on his sufferings. How to reassure a patient. How not to do it. Important points in statements to patients.

Delicate questions and examinations. Directions. How to give them. How not to give them. Legitimately gaining reputation.

Explanations that should be avoided. Why they should be avoided.

A case where the doctor should show incredulity. The single case where it is judicious to laugh at a patient.

Routine inquiries and examination after the first interview. The supreme importance of the first interview. Surprising sequences. An insoluble psychological problem.

Mental Concentration.

The supreme importance of mental concentration. The difficulty of concentrating. Its presence or absence clear to the patient. The causes of mind wandering. Eliminating the causes. Means that can be adopted to cure mind-wondering. A certainty that concentration can be greatly strengthened by practice.

The Power of Observation.

Exercises for increasing it.

Tact.

An example of personal interest. What every patient should be made to think. An illustrative case. Patients do not make allowances. An illustrative case.

Personal interest. How to show it. Slight ailments. Necessity of using tact. Tact in the consulting room. An illustrative case. Immoral Patients. What to say.

How to show attention and interest. Attitude to treatment, other than one's own. Handling of suggestions by nurse and friends. A caution. What explanations should be given, Cautions.

Handling a patient who thinks he knows more than his doctor. Cautions in drugs. Handling of hypochondriacs. Cautions in directions. Heroic remedies. Reassuring a patient. A caution in directions about diet, and about medicine. How a doctor's wife may injure his practice.

Sending a case to a specialist. A caution. Avoiding loss of confidence. The value of shorthand. A home-made shorthand.

Tact in expressing an opinion. How much to tell a patient. Tact in handling sick-attendants and nurses.

The Sick Room.

Inquiries before seeing the patient. Entering the room. Manner. How judgments are formed. Voice. Rules. Routine. The first visit. Subsequent visits.

Danger of omission. Inquiries. A caution as to care. Allowances to be made. Formulating an opinion. A caution. Leaving the room. The impression to leave behind.

Visits.

Frequency. The difficulty of deciding. A rule to follow. Length of visits. A caution. Tact after a late visit. Awkward situations. Social chatting. When and how much. A caution. Tact if pressed for time. A caution. Handling garrulous patients.

Difficult, Obscure, and Serious Cases.

Danger of a wrong diagnosis. Statements to patient and friends. Rules to follow to avoid loss of confidence. Opinions on prognosis. The danger here. Cautions. Replying to a patient seriously ill.

Manner in grave cases. Handling of hopeless cases. Replying to a very ill sane adult. How to answer. Tact in escaping questions.

What the demeanour should be. Statements to friends. Therapeutic suggestions by friends. How to handle them.

Rash and Troublesome Patients.

When to allow patients to do things of which you disapprove. When not to. Handling of cases that refuse to obey instructions. An illustrative letter.

Chronic Cases.

A caution. What to say. What not to say.

Fees.

Importance of considering this question carefully. A good rule.

Suing.

When to sue. When not to. The exceptional cases.

Dissatisfied Patients.

Handling. Illustrative case. How antagonism can be minimised.

Imputations against Professional Skill.

How to handle them. What to do in slight and in grave cases.

Dismissal from a Case.

Four avoidable causes. Two unavoidable causes. When a protest is proper. The account.

Patients who are Slow in Paying.

Getting the money without giving offence. How to give hints with tact.

The Social Side.

Psychology of the **nothing more RULE**. The patient's ideal which has to be conformed to. Much more to lose than to gain, socially. Much easier to lose than to gain, socially. Why social intercourse is often harmful. How it can be used advantageously.

Some "don't's." Going to Church. No need to be a hypocrite. The social moment in the consulting room and at visits. Things to keep in the background. What may be allowed socially. More "don't's." A golden rule.

How the personal side can obscure the professional side. Companions and friends. Habits. Resorts. The ideal to maintain. Undue familiarity. Manner to have. Manner to avoid.

Concluding Remarks.

A story with a moral. A common self-deception. Danger arising from success. Centripetal and centrifugal forces. How they may be multiplied or diminished. Minimising the effect when a patient is lost.

Certainty that desirable qualities can be acquired. Money not necessary to success.

Statistics of Sir Jas. Paget. The limit of practice. The story of a man who was an absolute failure. His subsequent career and rise.

Success must be worked for. A valuable secret.

PART II.

Therapeutics.

Not all practitioners recognise the powerful means of legitimately gaining reputation which they have in treatment.

There is a certain therapeutic knowledge which, besides benefiting the patient, brings *Kudos* to the doctor and increases his practice with certainty. It is not to be found in text-books and is considered too unimportant to be taught in the schools.

The practitioner could get it for himself by reading through many bulky volumes, books on special subjects and a mass of periodic literature. He would have to make notes to separate the gold from the sand and it would take him weeks to accomplish. We have done this for him and present the essence in, so to speak, tabloid form.

Systematic works on treatment are written on scientific lines, and their great value is not denied. But they are not compiled entirely from the practitioner's point of view. There are gaps, most usually in small things. Yet these little things are of the greatest importance; they add to the patient's comfort and are a legitimate means of gaining confidence in the practitioner.

It is the thousand and one little things which tell.

A patient suffering from old age was for years under the care of his regular attendant. A relative, a medical man living at a distance, made a few suggestions in diet and nursing. They were *small things* but they added to the patient's comfort. Confidence was lost in the regular attendant because he had not thought of them, and another was called in.

The doctor who confines his treatment chiefly to drugs may, through tactics, be very successful. But he is not doing the best for himself or his patients.

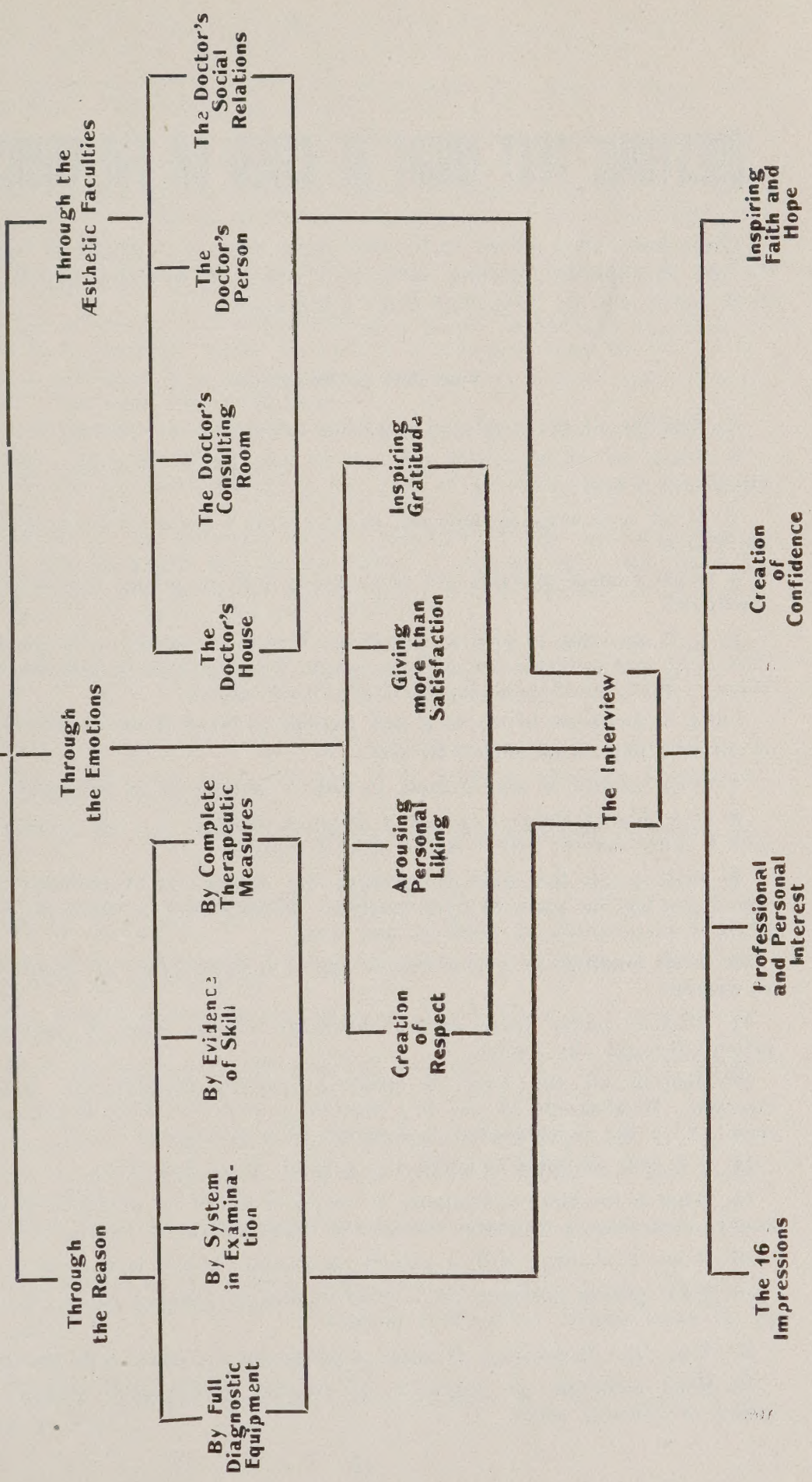
The course covers most of the common diseases and ranges from advice on a starch poultice to advice on English Spas. Space prohibits a full description. The character can be partly seen from the questions given later.

How many students up for their final examination could get 10 per cent. of marks if set these as a paper ? It is safe to say not one.

By the absence of such knowledge they miss adding to the comfort of their patients and miss a sound and easy way of adding to their reputation and practice.

For the benefit of those who dispense their own drugs a chapter is given showing how to cut the drug bill 25% without loss of efficiency.

The Personality of the Patient can be influenced



QUESTIONS THAT MIGHT BE ASKED ON THE COURSE.

These have been added to further show how the subject is treated. In the therapeutic section, note how practical are the points, and how many can be answered from text-books.

The Art of Practice

1. Mention all the means of inspiring confidence in a patient.
2. What are all the means that can be adopted for showing a personal interest in a case?
3. What rules must be followed in reassuring a patient alarmed through any cause?
4. What tactical mistakes are most often made in giving instructions to a patient?
5. Is it advisable to give a patient the reason for advice? For example, if he were told to take a certain food, would it be advisable to tell him why? What is the psychological explanation of your reply?
6. Is it advisable to say to a new patient. "What is the matter"? And if not why not? What *should* be said.
7. What should be the attitude to untrue statements by patients?
8. If a patient seems to doubt a diagnosis because she has "never had such a thing before," what is the correct reply?
9. Mention all the ways of gaining the confidence of children. How would you feel the pulse of a timid child? What should be the order of the physical examination of children, and why?
10. What qualities in a practitioner appeal most strongly to men; what to women?
11. Mention under their general headings all the ways of impressing patients through the reason.
12. Mention all the ways of affecting patients through the æsthetic faculties. What should be seen in a consulting room and what should not be seen? Give the psychological explanation of your answer.
13. Is it ever advisable to laugh at a patient? If so, when?
14. What is the one circumstance in which it would be judicious to show doubt concerning a patient's statement? How should it be shown?
15. When is chatting with a patient allowable? When is it not?
16. What precise difference in manner should be adopted when consulted by (A) social equals; (B) working people?
17. When the diagnosis is doubtful, how should the opinion be conveyed?
18. What emotions are proper to be aroused in patients? Classify the means of arousing them.

19. Would it be advisable to tell a patient you are giving him the treatment of a well-known specialist? Give reasons for your reply.

20. A doctor said to a patient, "I have tried this remedy lately with good results." Was this a wise remark or not? Give the exact reason.

21. Why is a very successful man easier to convince that he has something to learn than a moderately successful one?

22. Name a very important line of procedure when a patient comes with a slight ailment and apologises for troubling the doctor. Show the danger of a mistake in this.

23. What kind of caution is necessary in explaining to patients or friends what the matter is?

24. What should be a doctor's attitude towards therapeutic suggestions by patients or friends? Show the danger of a tactical error herein.

25. Is it advisable to show a patient a book or quote from one? If not, why not? Name the two exceptions.

26. What caution is necessary in telling a patient he may take anything he likes?

27. Which is the more damaging, an error of diagnosis, or of prognosis? And why?

28. How should the following case be handled? A lady falls and bruises her skin. She sends next day for the doctor, a stranger. She looks pale and a little nervous. She complains of nothing but the local condition. How can tact be used to do more than give satisfaction?

29. A nervous looking young man comes with a small ulcer on the mucous membrane of this cheek. He complains of nothing but the local condition. He looks neurasthenic. How should the case be handled?

30. Mention the cases where tact is necessary with nurses. How would you deal with a nurse who was doing something of which you disapproved?

31. What should be your attitude if it became apparent that your diagnosis may be wrong?

32. How would you handle a patient who thinks he knows more than the doctor?

33. What should the rule be as regards length and duration of visits? How should a garrulous patient be handled? How can the average length of interviews be curtailed?

34. How should statements be framed when the diagnosis is doubtful? Mention ways of gaining time.

35. How should statements be made when the time, or possibility, of recovery is doubtful?

36. How would you deal with a patient who wishes to do things of which you disapprove? Classify such cases. What should be done with a patient who disobeys orders?

37. How should statements be made concerning chronic cases

38. How should a patient be handled when he is dissatisfied and refuses to pay his bill?

39. Mention the avoidable and unavoidable causes of dismissal from a case.

40. What should be the rules in regard to social intercourse? Why is it easier to lose than to gain socially? Why is there much more to lose than to gain socially

41. A case of constipation is treated by A with various drugs and suitable diet. No permanent improvement being apparent, the patient consults B. What was the probable reason that A lost the case, and how should it be handled by B?

PART II.

Therapeutics.

1. Write a time-table for feeding infants of (A) 4 to 6 weeks old (B) 3 to 5 months old. Write a diet-table for children from 12 to 18 months old.
2. Mention all the modifications required in diet if an infant does not thrive. What cautions are necessary in weaning?
3. What special diet may be required in whooping cough?
4. Write diet-tables for the various stages of gastric ulcer, including the final diet. What should be the diet in chronic ulcer?
5. Give the diets for the different stages of diarrhoea in adults. What modifications do rice-water stools indicate?
6. Write a diet-table for (A) acute nephritis, (B) chronic nephritis, (c) obesity.
7. Classify the proprietary foods prepared from cow's milk. What are Plasmon, Sanatogen, Protene, Casumen? What are their uses?
8. How does Benger's Food differ from Mellin's?
9. Classify the carbohydrate proprietary foods.
10. Classify meat preparations. What are their advantages and disadvantages?
11. What is "gavage"? For what is it useful? What foods are best when gavage is used?
12. Write out seven or more dinners for convalescents.
13. Mention the various noises that may occur in a sick room and how they can be obviated. How should a sick-room be swept?
14. Describe how to make an obstetric bed. If sagging annoys a patient, how can it be obviated? What is the temporary obstetric bed?
15. How would you improvise a bed-screen, a substitute for a waterproof, rings to relieve bed-sores, a bed-rest, a bed cradle, an incubator for prematurely born children, all from things to be found in the house?
16. Describe the preparation of a linseed poultice, a linseed and mustard poultice, hot fomentations and turpentine stupes. What is a starch poultice? What is its use?
17. Give a full regime for a convalescent from serious illness. How is a Nightingale wrap made?
18. Write a list of things required to give an obstetric patient when she engages. How can cheap sterilised pads be made by her?
19. What is the common cause of irritation or pain at a stitch in the perineum? How can the irritation or pain be removed.
20. Give the treatment for the overflow of milk, lack of milk, tender nipples, abnormal nipples, and the care of prematurely born children.
21. How would you massage a breast for lack of milk? How an abdomen for constipation? It is advisable for a constipated patient to massage himself by rolling a 4-lb ball along the colon. How can this ball be made?
22. How would you massage in case of sprain, of synovitis, of stiff-neck, of lumbago, of sciatica?
23. What are the Swedish exercises for scoliosis?

24. What are the contra-indications to the Nauheim treatment of heart-disease?

25. Why is a gargle as ordinarily practised of no use? What is the proper way? What are the contra-indications for gargling? Would you gargle in acute tonsillitis?

26. What are the best forms of local treatment for a common cold?

27. What are the best instruments for removing nasal polypi? Of what importance is the after treatment?

28. What is the treatment for earache? If wax is found difficult to syringe out, is oil useful? If not, what is effective?

29. A child with round shoulders requires hanging exercises on a horizontal bar. How can one often be extemporised? How can one be erected in the house for about 1s. 6d.?

30. How should ointments be applied, in mild inflamed and pruritic conditions, in acute inflamed states, in ringworm, in eczema of the hands? How would you apply such a lotion as that of ichthyol, or calamine lotion? What details are necessary to observe? What is the use of waxed paper in skin diseases? Where can it be obtained quickly and cheaply?

31. How can pain always be eliminated in ulcers and burns of the third and fourth degree?

32. Should the B. P. zinc ointment be used in skin diseases? What is a much better substitute? Would you use ointments in acute dermatitis? If not, what is best? How would you treat eczema of the scrotum, of the vulva, eczema intertrigo, eczema in infants, in old people?

33. What is the treatment for falling-out of hair?

34. What would you do in case of vomiting in a child, when after two days everything is still rejected? What are the indications and contra-indications for the use of opium in the diarrhoea of children.

35. Write a scheme of gymnastic and breathing exercises for a child who has a bad posture, for one who has a flat chest, for one with round shoulders or kyphosis.

36. In bruises, how would you limit hæmorrhage and hasten absorption?

37. When should drugs be given and when not in constipation? Classify the various purgatives, giving the indications and contra-indications of each?

38. When should drugs be given in insomnia? Mention the various hypnotics, giving the indications and contra-indications of each.

39. What is the prophylactic treatment of periodic headache and the treatment during the attack?

40. What is the treatment for supraorbital neuralgia, for painful heel?

41. What are the causes of breaking a tooth in extraction? What are the best ways of treating dental hæmorrhage?

42. What are the contra-indications for sea bathing, for a sea voyage? What are peat baths good for and where can they be obtained?

43. Why cannot climate be recommended by considering the disease alone of the patient? What more important point in the patient has to be considered? What are the indications for Margate air, what the contra-indications? What are the indications for each of the English Spas?

44. Is a sea voyage ever beneficial in phthisis? If so in what form of phthisis?

PRESS OPINIONS.

"Above all things practical... rules which are explicitly laid down.. a fund of worldly wisdom... few will read the lectures without remembering times when to have recalled such precepts might have saved a situation which ended unfortunately".

(From "THE BRITISH MEDICAL JOURNAL," June 6, 1914)

"We have examined both the "Course" on Medical Tactics and that on Therapeutics with satisfaction and pleasure. In the former, it is clearly and concisely told what should be said and done, and why, and what should be left unsaid and undone, and why: how a dissatisfied patient should be handled; how the hundred and one difficulties in tact with which a medical man is always being confronted should be met; in short, how and why success in medicine is as much a matter of tact as it is of learning."

"Both courses are excellent in every way and have our heartiest commendation. We rather wonder why such an educational system on this idea has not appeared before."

(From "THE PRACTITIONER," March, 1914).

"The staff of the Post-Graduate Association are evidently doing good work, and their course of teaching is calculated to be of inestimable value."

(From "THE MEDICAL TIMES," FEBRUARY 28th, 1914).

"The subjects considered cover a wide range.
a medical adaption of Chesterfield's letters. No
one is likely to fail to profit by this course."

[(From "THE GLASGOW MEDICAL JOURNAL," March, 1914).

"It is quite refreshing to see practice considered from the point of view of the practioner instead of the patient, and such a course shows a shrewdness and a wordly wisdom which are often lacking even in experienced men. After all, we want to live, and businesslike methods, and the proper display of such qualities as one may be endowed with, will play no small part in one's success."

(From "THE MEDICAL PRESS AND CIRCULAR," April 15th, 1914).

THE SELF-TAUGHT VERSUS THE TRAINED TACTICIAN.

The newly qualified man has been told by intuition that he is face to face with a new world—the minds of patients.

No text-book has told him the various means by which confidence is produced, how to avoid having dissatisfied patients, what are the avoidable and the unavoidable causes of dismissal from a case, how to anticipate the unreasonableness of patients, how to steer clear of the annoyances, the humiliations, the hundred and one pitfalls with which he is beset.

Conscious that he is in relation with a new and special psychological world, the practitioner usually does try to accommodate himself to the conditions as far as his knowledge of those conditions goes.

The success in this respect varies with the individual.

How does such a man compare with one trained in tactics?

Much as a self-taught pianist compares with an educated one.

The former goes to a professor. He is told the first thing to do is to unlearn his bad habits.

The beginner at billiards stands badly, holds his cue wrongly, and delivers the stroke improperly. He usually continues the first and third mistakes all his life.

The following is an extract from a letter of a subscriber qualified over twenty years. " It seems I have been making mistakes ever since I have been in practice, and obviously so when pointed out. "

This confession is a common one with our subscribers.

A patient comes with an illness requiring prolonged treatment. She does not come again. The doctor wonders why. A similar thing happens again and again. The practitioner cannot think of the reason.

He attends a case and knows he has done everything possible. The patient recovers. No dissatisfaction is shown. But at the next illness another attendant is called in. The doctor wonders at these things and continues to wonder all his life.

With a trained tactician these contretemps do not occur. Or, if they do, he puts his finger at once on the spot. He asks himself : " What rule did I neglect ? " The explanation is forthcoming and he resolves the accident shall not occur again.

How many practitioners recognise that at an interview with a patient there are sixteen impressions to make, and even twenty in some cases ?

How many realise the rules that must be followed in order that these may be made ?

There is a strong analogy between the art of practice and certain games. A whist player or chess player, to play well, must follow principles. A good billiard player must play like a machine. The effect is seen in the score and the ease with which results are obtained.

But the best whist, chess, and billiard players are not selftaught. They have benefited from the experience and teaching of their successful predecessors.

Medical tactics are similar. Principles must be followed. A machine-like method must be adopted. The ease with which effects can then be produced is surprising. The unsuccessful or moderately successful man is quickly converted into a highly successful one.

It is certain that no self-taught practitioner can learn these principles in tactics adequately. Only the systematised experience of many successful men can reduce all the factors to order and formulate the necessary rules.

EXTRACTS FROM LETTERS OF SUBSCRIBERS.

"On July 19th—when most of my half-yearly bills were paid—I found I had pocketed £212 more than last year at the same date, and can only put it down to your lectures. So I am very grateful. "

"I agree with every word you say. No student should be let loose until he has done a course in tactics. "

From many letters ; " Very pleased. " " Excellent. "
"Most satisfied. " "I like both matter and style. " "Invaluable. "
"I am delighted. " "A single glance shows me they are excellent. "
"Thanking you for the good value. "

"If the remaining lectures are equal to the first it is a gold mine. "

"The effect on my drug bill alone was worth the fee. "

"The therapeutic course is most useful and fills a serious deficiency in our education. "

"I feel more confidence in dealing with patients and I can feel they are *en rapport* with me. "

"It is the best investment I have ever made. "

"The increase last year was one hundred pounds. This year it promises to be two hundred. "

THE EFFECT OF SCIENTIFIC TACTICS.

1. Annoyances and friction with patients are reduced to a minimum.

2. The confidence of the patient is ensured. The knowledge of this and the consciousness that he is now guided by rules makes the practitioner's work easier and more pleasant.

3. There is an advantage to the patient. The confidence (which is more certain to occur) has in some cases a therapeutic action.

4. There should be an increase in the practice almost immediately. We refer again to this rapidity in the next section. Many practitioners have told us that they have " done better than ever before. " Some have given us definite figures.

In an ordinary practice (provided there is no limitation of population) there should be an increase of not less than two pounds a week in a few months. (If it takes much longer the practitioner should ask himself what rules or advice he is neglecting.) Sometimes the improvement is greater.

One doctor informed us that his practice (a small one) doubled in three months after applying our rules.

Another, in a London suburb, states that after being a complete failure he acquired the largest practice in the neighbourhood.

In the first letter quotation on the previous page the increase was £8 per week, or £400 per annum, in a few months.

Dr. P., a practitioner in the Midlands, took the course in January, 1914. Soon afterwards he wrote, voluntarily expressing his appreciation. Recently he has informed us that originally he took over a practice of £1,500. It fell steadily to £900 in 1911. Then it remained stationary till he studied tactics. He writes : " The records of my practice show enormous benefits, " and he quotes the figures.

Date	Income (actual receipts.)
1913	£ 926
1914	1128
1915	1435
1916	1384
1917	1670
1918	1830
1919	2492

WHAT IT COSTS TO TAKE A COURSE IN TACTICS.

Provided our advice is applied this is less than nothing. For the small fee repays itself over and over again in increased practice. Experience has now shown that it does it very quickly. The rapidity is a little remarkable.

On March 17th, 1914, Dr. B. applied for the course. Soon afterwards he wrote : " it has been difficult after 25 years to cease saying " well, how is he pulse. ". But I have succeeded at last. " The letter showed he was doing more than read our rules. He was applying them. In August of the same year he wrote the letter from which we give the first extract on page 18. The point is that in this case an increase of £8 a week was accomplished in a few months.

One subscriber wrote, 10 days after enrolling : " The course is already taking effect on the practice. " A few weeks later he stated that he had recovered the fee (six guineas).

From these and other communications it is clear that the application of scientific tactics yields results quickly.

What it costs NOT to take a Tactics Course.

Let us take a case which actually happened. In December, 1913, Dr. X, a middle-aged practitioner from the large South coast town of Z, called on us to say he contemplated taking our course but wished to be assured it would do what it promised. We assured him it would provided it was applied.

He added that it was easy to spend money and his practice was only a small one.

" All the more reason for making the investment, ", we answered.

He went away undecided but a week later became a subscriber. We never heard from him again and forgot all about the matter till in 1919 we happened to be staying in Z.

" Who has the largest practice in Z ? " we asked out of curiosity.

" My own doctor, Dr. X, " was the answer. Then we remembered our visitor.

" How long has Dr. X been here ? "

" About ten years. "

" And has he been so busy the whole time ? "

" No, it was only just before the War that his practice grew.

Now this was about six months after he took a course on Tactics, and we may reasonably assume the success was due to this alone.

The point to note here is that if Dr. X had not paid a small fee for instruction in tactics it would have cost him obviously thousands of pounds.

It is no reply to say that he would have been unconscious of the loss. The loss would have been there none the less.

Similarly every practitioner who does not acquire and apply scientific Tactics pays a price.

THE PRICE PAID.

This is the difference between what the doctor is making and what he would make with the application of tactics.

Usually it is hundreds a year.

And unconsciousness of the loss does not alter the reality.

Most practitioners fail to realise their possibilities. The most profitable knowledge of therapeutics is easily acquired.

The course on tactics so justifies itself to the reason that no effort of memory is required. There is analogy with games. But games usually require years of practice. Tactics are acquired immediately.

Instantaneously the practitioner realises mistakes he has been making ever since he has been in practice, and at once he sees how to avoid them.

And it is just as easy to avoid as to make mistakes.

It is certain that a failure can be **immediately** converted into a successful man.

It is certain that a successful man can be made more successful at once.

Special Offer

Three Weeks Only.

THE Fee for the Course was, and is, Six Guineas.

For three weeks after receiving this copy we will supply the Course for Three Guineas on receipt of Application Form on next page.

CONFIDENTIAL.

APPLICATION FORM.

To

The Post Graduate Association,

104 Hills Road

Cambridge

Please Supply your Course on Tactics and Therapeutics.

Enclosed find Three Guineas.

I have read the Prospectus and Syllabus.

I am aware the whole course is comprised in about 67,000 words.

I promise not to show the portion on Tactics to others.

Date

Name

Address

.....

Please write this in **BLOCK LETTERS.**

